

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000017904

1. Entity Name
USA CONSTRUCTION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90073 013 ***158.75

Principal Place of Business
3501 N.E. 10TH STREET
OCALA FL 34470

Mailing Address
3501 N.E. 10TH STREET
OCALA FL 34471-2563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2233 SE FT. KING ST.

3. Mailing Address
2233 SE. FT KING ST.

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.
C

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number
65-0399591

Applied For
 Not Applicable

Zip
34471

Country
USA

Zip
34471

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAUSS, EMERSON J III
5510 SE 17TH ST.
OCALA FL 34471

Name
EMERSON J. CLAUSS III

Street Address (P.O. Box Number is Not Acceptable)
3365 SE. 1ST AVE

City
OCALA FL Zip Code **34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **[Signature]**, **PRESIDENT**

1-5-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CLAUSS, EMERSON J III Delete
5510 SE 17TH ST.
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
EMERSON J. CLAUSS III Change Addition
3365 SE. 1ST AVE.
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CLAUSS, SUSAN Delete
5510 SE 17TH ST.
OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SUSAN CLAUSS Change Addition
3365 SE. 1ST AVE.
OCALA, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2000 (352) 629 8922
Date Daytime Phone #

CR2E034 (9/99)